

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	
FORMALITY REVIEW		555	
RESPONSE FORMALITY REVIEW	2m	927	05/25/01

BEST AVAILABLE COPY

### INDEX OF CLAIMS

☒ Rejected N  
☐ Allowed I  
☐ (Through numeral) Canceled A  
☐ Restricted O

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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C.C.  
03-27-01